Psychiatry has a mixed and turbulent history. Some episodes have undoubtedly been shameful, but there have also been less well publicised proud achievements. From the beginning, when the concept of ‘mental illness’ emerged and challenged superstitious explanations for unusual behaviour, Western psychiatry has been beset by criticism and hostility. To some extent this has been due to the persistence of concepts of causation amongst the general public that have led to stigma, and to the marginalisation of people suffering from mental illness. Psychiatry has been vicariously affected by this. Politicians have made incoherent demands on psychiatrists, driven by conflicting imperatives. On the one hand, financial prudence has led them to try to prevent psychiatrists from causing a burden on the exchequer by caring for the indolent and undeserving. On the other hand, concern for public order has led them to try and force psychiatrists to use incarceration to plug gaps in imprisonment left by the judicial insistence on proof of criminality.

It must be acknowledged, however, that the profession has been the author of some of its own misfortunes. Anti-psychiatry was a movement led by psychiatrists. Arrogant dismissal of criticism has existed alongside uncertainty over our own role and identity. The profession has weakened its position by becoming increasingly nervous over accountability. Fifty years of progress in the development of medications, specific psychotherapies and systems of intervention has been accompanied by both therapeutic over-enthusiasm and therapeutic nihilism. Although a section of psychiatry seems to be secure in its understanding of our legitimate role, there has also been clear evidence of a lack of professional self-confidence and self-esteem. This has left us ill prepared for concerted attacks from policy-makers on professionalism and on the value of the profession itself. Elements within other mental health professions have opportunistically exploited the situation. Consequently, the debate as to whether psychiatry should exist at all has reopened.

The profession has been wrong footed by a concern that it will seem self serving or supportive of past excesses if it asserts a legitimate ownership of some (although not all) areas of mental health care, particularly with respect to science and empirical evidence. It has failed to assertively challenge semi-formed ideas and proposals for service delivery changes that conflict with the evidence base. Of course, the profession has accepted some changes because they were right and sensible, but has confused this with rolling over in the face of attacks at the core of the profession. In doing so, it has done few favours to patients.

Independent nurse prescribing is a case in point. In cultures where drugs are available over the counter without safeguards, nurse prescribing may be an unambiguous step forward. However, in the UK, any such scheme must include adequate training and thorough evaluation. The role of patients and carers is critical. There is a real danger of introducing a scheme that is ill thought through
and unsafe, because it is based on quasi-experimental evidence. The fact that some doctors are poor prescribers does not mean that it is sensible to hand over unrestricted prescribing to professionals who lack adequate training.

Cheap no-frills medicine is not a progressive notion. Many mental health nurses are against it, because they value their strong, distinctive and important role, which is different from what psychiatrists do. However, a vociferous faction sees an opportunity to remake nursing. Taken to its logical conclusion, this could lead to patient care being entirely handed over to untrained nursing assistants. Trained nurses would take on roles outside of their professional culture and core training, thus becoming bargain basement doctors. Patients and their carers would inevitably get a two tier service; independent psychiatry for the well to do and low cost, programmatic, atomised care for the neediest.

The problem with the war over professionalism is that it feels as if it cannot be won. In the UK, professionalism is anathema to a neo-liberal government that is turning health care into a market commodity on the US model. According to current American policy thinking, professionalism is protectionism. For them, it means restrictive practices and a restraint on free trade. The whole ‘choice’ agenda in the UK has a similar market objective. Choice is the alleged advantage of market place medicine, so it has to be emphasised, although any one who has been through the UK’s costly but pitiful ‘choose and book’ system knows that it is a complete nonsense. Fifty percent of UK inpatient psychiatric beds are now in the private sector, catering for the most vulnerable patients. Their interest are inadequately protected and they are lost in institutions far from home, often with little prospect of meaningful rehabilitation or recovery. It is telling that these patients in the real private sector have virtually no choice over who provides their care. One type of monopoly has been replaced by another.

These issues are deeply political and no mainstream political party offers different policies. In the UK, as elsewhere, doctors are not good at waging propaganda war. Accusations of protection of privilege or of shroud waving are easy to make and are hard to refute. In the US, the public consensus is shifting, and there is a new concern over precisely the same health care models that the UK is adopting. For the first time in a generation, election candidates in the USA are acknowledging that there is a problem and that they need to do something about it. Although the battle may seem hopeless, this is an opportune moment for psychiatrists to fight back and assert our legitimate role, our professional identity and the importance of professionalism. This will mean forcefully supporting the autonomy of nursing and psychology as equals in a broad partnership with patients, carers, social care and the voluntary sector. However, we will also have to openly and forcefully oppose those ideas that threaten to lead us back to irrational treatments and to widening health inequality. Mental health care is above all concerned with overcoming the effects of social injustice. The free market and deprofessionalisation have nothing to offer in this struggle.

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